

<i>SERFF Tracking Number:</i>	<i>HUMA-127015769</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>47953</i>
<i>Company Tracking Number:</i>	<i>1662 AR 12/10</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Application</i>		
<i>Project Name/Number:</i>	<i>MF Application/</i>		

Filing at a Glance

Company: Kanawha Insurance Company

Product Name: Application

TOI: L07I Individual Life - Whole

SERFF Tr Num: HUMA-127015769 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 47953

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: 1662 AR 12/10

Filing Type: Form

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Judy Lanning, Cathie
Morgan

Disposition Date: 02/22/2011

Date Submitted: 02/10/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MF Application

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: filing
simultaneously

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 02/22/2011

State Status Changed: 02/22/2011

Deemer Date:

Created By: Cathie Morgan

Submitted By: Judy Lanning

Corresponding Filing Tracking Number: 1662
AR 12/10

Filing Description:

Kanawha Insurance Company

Memorial Fund Application Form 1662 AR 12/10

NAIC COMPANY CODE 65110

FEDERAL TAX ID #57-0380426

Dear Commissioner:

Kanawha Insurance Company is submitting the above captioned form for the Department's review and approval. This form is new and will be used with previously approved Whole Life Insurance Policy No. Form 00020 03/90 AR (Graded

SERFF Tracking Number: HUMA-127015769 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 47953
Company Tracking Number: 1662 AR 12/10
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: Application
Project Name/Number: MF Application/

Policy) approved September 16, 1991; Form 00800 1/88 (Level Policy) approved October 10, 1990.

The Memorial Fund Application has been designed for use in the individual market in Direct to Consumer, Agent and /or Broker based distribution channels. Bracketing has been added to support removal of references to Producer in a Direct to Consumer channel. Other bracketing is to support Administrative needs. A Statement of Variability is included under the Supporting Documentation Tab.

The form is in final print, subject to minor variations in formatting, duplexing, shading and fonts.

Thank you for your attention to this filing. If you should have any questions, please contact me at 502-476-1408. My email address is jlanning@humana.com.

Sincerely,

Judy Lanning
Compliance Analyst

Company and Contact

Filing Contact Information

Judy Lanning, Compliance Analyst - NCT-1
500 West Main Street
Louisville, KY 40202
jlanning@humana.com
502-476-1408 [Phone]
502-508-2114 [FAX]

Filing Company Information

Kanawha Insurance Company
210 South White Street
Lancaster, SC 29721
(800) 635-4252 ext. [Phone]

CoCode: 65110
Group Code: 119
Group Name:
FEIN Number: 57-0380426
State of Domicile: South Carolina
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 Application = \$50
Per Company: No

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<i>Product Name:</i>	<i>Application</i>		
<i>Project Name/Number:</i>	<i>MF Application/</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$50.00	02/10/2011	44581330

SERFF Tracking Number: HUMA-127015769

State: Arkansas

Filing Company: Kanawha Insurance Company

State Tracking Number: 47953

Company Tracking Number: 1662 AR 12/10

TOI: L071 Individual Life - Whole

Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Application

Project Name/Number: MF Application/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/22/2011	02/22/2011

SERFF Tracking Number: HUMA-127015769

State: Arkansas

Filing Company: Kanawha Insurance Company

State Tracking Number: 47953

Company Tracking Number: 1662 AR 12/10

TOI: L071 Individual Life - Whole

Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Application

Project Name/Number: MF Application/

Disposition

Disposition Date: 02/22/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>HUMA-127015769</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>47953</i>
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<i>Product Name:</i>	<i>Application</i>		
<i>Project Name/Number:</i>	<i>MF Application/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Individual Whole Life Insurance Application		Yes

SERFF Tracking Number:	HUMA-127015769	State:	Arkansas
Filing Company:	Kanawha Insurance Company	State Tracking Number:	47953
Company Tracking Number:	1662 AR 12/10		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.111 Single Premium - Single Life
Product Name:	Application		
Project Name/Number:	MF Application/		

Form Schedule

Lead Form Number: 1662 AR 12/10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1662 AR 12/10	Application/ Individual Whole Life Initial Enrollment Insurance Application Form				1662 AR 12-10.pdf

Mail: Post Office Box 7777, Lancaster SC 29721-7777 1-877-207-0158]

Please answer the following eligibility and health questions fully and truthfully. Failure to disclose health information may result in your policy being modified or terminated back to your original effective date.

[Section A:] [If any question in this section is answered "Yes", the Proposed Insured is not eligible for any coverage.]

	Proposed Insured
1. Have you ever been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection, or a terminal illness? A terminal illness is any illness that would reasonably be expected to cause death within 24 months.....	<input type="radio"/> Yes <input type="radio"/> No
2. Are you currently:	
(a) Receiving hospice or home health care? Or has a member of the medical profession recommended hospice or home health care?.....	<input type="radio"/> Yes <input type="radio"/> No
(b) Bedridden, confined to a hospital, nursing home, or other facility? Or has a member of the medical profession recommended hospitalization, nursing home stay or surgery?.....	<input type="radio"/> Yes <input type="radio"/> No
3. Have you ever been diagnosed or treated for Alzheimer's disease or dementia?.....	<input type="radio"/> Yes <input type="radio"/> No
4. In the past 12 months have you been diagnosed or treated for cancer (except basal cell skin cancer)?.....	<input type="radio"/> Yes <input type="radio"/> No

[Section B:] [If all questions in this section are answered "No", the Proposed Insured is eligible for the Immediate Benefit. If one question in this section is answered "Yes", the Proposed Insured is eligible for the Graded Benefit. If more than one question in this section is answered "Yes", the Proposed Insured is not eligible for any coverage.]

5. Have you been diagnosed or treated for:	
(a) Diabetes before age 30, or suffered complications from diabetes such as neuropathy, retinopathy, kidney or vascular problems?.....	<input type="radio"/> Yes <input type="radio"/> No
(b) A lung disorder requiring oxygen, emphysema or chronic obstructive pulmonary disease?.....	<input type="radio"/> Yes <input type="radio"/> No
(c) Heart attack, coronary artery disease diagnosed before age 60; or cardiomyopathy?.....	<input type="radio"/> Yes <input type="radio"/> No
(d) Heart valve disease requiring surgery?.....	<input type="radio"/> Yes <input type="radio"/> No
(e) Stroke or aneurysm?.....	<input type="radio"/> Yes <input type="radio"/> No
(f) Kidney disease, liver disease or hepatitis C?.....	<input type="radio"/> Yes <input type="radio"/> No
(g) Multiple sclerosis or Parkinson's disease?.....	<input type="radio"/> Yes <input type="radio"/> No
6. Within the past 5 years have you been hospitalized, diagnosed with or treated for:	
(a) Cancer, leukemia, melanoma or any other malignancy (except basal cell skin cancer)?.....	<input type="radio"/> Yes <input type="radio"/> No
(b) Mental or nervous disorder that required inpatient hospitalization?.....	<input type="radio"/> Yes <input type="radio"/> No
7. Within the past 2 years, have you used illegal drugs or taken prescription drugs not prescribed by a member of the medical profession? Have you had signs or symptoms of, been diagnosed with, sought counsel for or treated for any alcohol or drug abuse, dependency or problem? Or have you had any alcohol or drug related arrests?.....	<input type="radio"/> Yes <input type="radio"/> No

[Section C:]

8. (a) Do you have any other similar coverage in force or an Application for similar insurance pending with this or any other company?..... ☐ Yes ☐ No
- (b) Will the insurance herein applied for replace any existing insurance with this company or any other company?..... ☐ Yes ☐ No
- (If "Yes": List company name and address. Complete and submit replacement form.)

BENEFIT SECTION

Benefit Amount \$, [(sold in [\$1,000] increments up to a maximum of [\$25,000])]

[Plan Type] ☐ [Immediate Benefit] **Payment Period** ☐ Lifetime Payment

☐ [Graded Benefit]] ☐ Payment for 10 Years

[Payment Method] ☐ [Bank Draft ☐ Credit/Debit Card ☐ Direct Bill/Check (Annual Billing Only)]

[(Complete Bank Draft or Credit/Debit Card Authorization.)]

[Annual fee of [\$12.00] applies to credit/debit card billing, if allowed by your state.)]

[Payment Mode] ☐ [Monthly ☐ Semi-annual ☐ Annual]]

Total Modal Premium \$. **[Requested Effective Date** (MM/DD/YYYY)

(Optional-Not to exceed [45] calendar days from date application is signed.)]

/ /

Is Automatic Premium Loan to apply? ☐ Yes ☐ No

AUTHORIZATION FOR AUTOMATIC PAYMENT BY BANK DRAFT

[Attach Voided Check]

Name of Depositor (Print First Name, MI, Last Name) [(Attach Voided Check)]

Route and Transit Number

Account Number

[Bank Name and Address]

Draft my bank account on the day of the month (1-28 only; 29, 30, 31 not available). **If no election is made, recurring bank drafts will occur every payment period on the day that corresponds to the effective date of the policy.**

As a convenience to me, I request and authorize **Kanawha Insurance Company** to automatically draft my bank account for payments of premiums from my: ☐ savings account ☐ checking account

1. Each bank draft shall constitute proper notice of premium due. The initial payment will either be drafted on the day the policy is issued, the election date selected or the future effective date selected. Recurring payments will be drafted every payment period based on the payment mode chosen and will occur on the day [selected above or, if no day is selected, the day] that corresponds to the effective date of the policy.
2. This Authorization shall not become effective unless and until the policy is issued.
3. This Authorization shall not be construed as modifying any provisions of the policy.
4. Kanawha shall not incur any liability if a bank draft is returned unpaid by the bank which will constitute nonpayment of premiums and coverage shall lapse subject to nonforfeiture provisions, if applicable.
5. This Authorization may be discontinued by Kanawha or by the Undersigned at least FIVE (5) business days prior to the recurring payment date. Upon termination of this Authorization, Kanawha will change the billing method to direct bill.
6. Kanawha will only modify payment amounts or premiums if the policyholder initiates and Kanawha approves a change in coverage or payment mode. Kanawha will notify me within [THIRTY (30)] days that the change in payment amounts or premiums has occurred.

Signature of Depositor _____

Date (MM/DD/YYYY)

/ /

CREDIT/DEBIT CARD INFORMATION

Credit/Debit Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date (MM/YY)

		/		
--	--	---	--	--

Card Type

☐ Visa ☐ Mastercard

3 or 4-digit security code found on the back of most cards:

--	--	--	--

Signature of Card Holder _____

Date (MM/DD/YYYY)

		/			/				
--	--	---	--	--	---	--	--	--	--

Name as it appears on the credit/debit card statement (If different from Proposed Insured)

Card Holder (First Name, MI, Last Name)

Suffix

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

[Charge my credit/debit card on the

--	--

 day of the month (1-28 only; 29, 30, 31 not available). **If no election is made, recurring charges will occur every payment period on the day that corresponds to the effective date of the policy.**]

As a convenience to me, I request and authorize **Kanawha Insurance Company** to automatically charge my credit/debit card for payments of premiums.

- Each charge shall constitute proper notice of premium due. [If a future effective date is not selected then the initial payment will be charged on the day the policy is issued. If a future effective date is selected then the initial payment will be charged on the effective date of the policy.] [The initial payment will either be charged on the day the policy is issued, the election date selected or the future effective date selected.] Recurring payments will be charged every payment period based on the payment mode chosen and will occur on the day [selected above or, if no day is selected, the day] that corresponds to the effective date of the policy.
- This Authorization shall not become effective unless and until the policy is issued.
- This Authorization shall not be construed as modifying any provisions of the policy.
- Kanawha shall not incur any liability if the credit/debit card company does not honor the charge which will constitute nonpayment of premiums and coverage shall lapse subject to nonforfeiture provisions, if applicable.
- This Authorization may be discontinued by Kanawha or by the undersigned at least FIVE (5) business days prior to the recurring payment date. Upon termination of this Authorization, Kanawha will change the billing method to direct bill.
- Kanawha will only modify payment amounts or premiums if the policyholder initiates and Kanawha approves a change in coverage or payment mode. Kanawha will notify me within [THIRTY (30)] days that the change in payment amounts or premiums has occurred.

Signature of Card Holder _____

Date (MM/DD/YYYY)

		/			/				
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AGREEMENTS

I have read [or had read to me] all questions on this Application and I represent the answers and any information provided are correct and complete to the best of my knowledge and belief. I also realize that any false statements and or misrepresentation may result in loss of coverage under the policy subject to the incontestability provisions of the policy.

It is agreed that:

- This Application, and any amendments hereto, shall be the basis of any insurance granted.
- [No Insurance Producer has the authority to waive the answer to any question in this Application, to waive any of the Company's rights or requirements or to make or alter any contract; and
- No insurance shall be considered in force unless it is issued by the Company, the total modal premium accompanies the Application and any check, bank draft or credit/debit card payment is honored on first presentation.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed At _____

City

--	--

State

		/			/				
--	--	---	--	--	---	--	--	--	--

Date (MM/DD/YYYY)

Signature of Proposed Insured_____
Signature of Owner

[INSURANCE PRODUCER'S USE ONLY

Is this insurance being purchased to replace or change any existing insurance?..... ☐ Yes ☐ No
(If "Yes", complete replacement form.)

I certify any information recorded by me on this Application is true and accurate to the best of my knowledge and belief.

Date (MM/DD/YYYY)

		/			/				
--	--	---	--	--	---	--	--	--	--

Signature of Licensed Insurance Producer _____

[Printed Name of Licensed Insurance Producer_____]

Insurance Producer Number	% Credit	Insurance Producer Number	% Credit	Insurance Producer Number	% Credit																														
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SERFF Tracking Number: HUMA-127015769

State: Arkansas

Filing Company: Kanawha Insurance Company

State Tracking Number: 47953

Company Tracking Number: 1662 AR 12/10

TOI: L071 Individual Life - Whole

Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Application

Project Name/Number: MF Application/

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

See attached

Attachment:

READABILITY CERTIFICATION.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

See attached.

Attachment:

Statement of Variability.pdf

READABILITY CERTIFICATION

RE: Kanawha Insurance Company

This is to certify that the form(s) referenced below is/are in compliance with the readability requirements of your state.

The Flesch Reading Ease Test was applied to each form in its entirety. All titles, major headings and subheadings, defined terms and tables were excluded.

The Flesch Reading Ease Test score(s) is/are:

Form

Flesch Score

Form 1662 AR 12/10

*40

*Combined Flesch Score with Policy 00020 3/90 AR

*Combined Flesch Score with Policy 00800 1/88

A handwritten signature in cursive script that reads "R. Dale Vaughan".

BY: _____
R. Dale Vaughan, President

Statement of Variability

1662 AR 12/10

Within the confines of the law, Humana reserves the right to make minor instructional or help text revisions as needed to clarify instructions for completion of the application and amend language to clarify intent.

Humana reserves the right to amend forms to fix any minor administrative changes or clerical errors that may have unintentionally gone unnoticed prior to submitting for approval and amend the language to clarify the intent. Changes made within confines of the law.

Page 1-Proposed Insured, Owner & Payor sections

LOGO bracketed to allow for inclusion, exclusion or logo change.

Primary Beneficiaries' Name- [,SSN] bracketed to allow for inclusion or exclusion.

Contingent Beneficiaries' Name- [,SSN] bracketed to allow for inclusion or exclusion.

Social Security Number bracketed to allow for inclusion or exclusion.

Company information bracketed (i.e. address and phone number) is to allow for any necessary administrative change.

Page 2 HEALTH QUESTIONS section

[Section A:] [If any question in this section is answered “Yes”, the Proposed Insured is not eligible for any coverage.] Bracketed for inclusion or exclusion.

[Section B:] [If all questions in this section are answered “No”, the Proposed Insured is eligible for the Immediate Benefit. If one question in this section is answered “Yes”, the Proposed Insured is eligible for the Graded Benefit. If more than one question in this section is answered “Yes”, the Proposed Insured is not eligible for any coverage.] Bracketed for inclusion or exclusion.

Page 3 –HEALTH QUESTIONS-Section C,

[Section C:] Bracketed for inclusion or exclusion.

Page 3 BENEFIT SECTION

[Plan Type [Immediate Benefit] [Graded Benefit]]. Bracketed for inclusion or exclusion.

[Payment Method [Bank Draft Credit/Debit Card Direct Bill/Check (annual Billing Only)]]

Bracketed for inclusion or exclusion of entire provision..

[Complete Bank Draft or Credit Card Authorization.] Bracketed for inclusion or exclusion.

[Annual fee of [\$12.00] applies to credit/debit card billing, if allowed by your state.)]

Bracketed for inclusion or exclusion.

[Payment Mode [Monthly Semi-annual Annual]] bracketed to allow for inclusion or exclusion of entire provision. [Monthly, Semi-annual, Annual] is bracketed to allow for the mode premium to be changed from monthly, quarterly, annually, semi-annually etc.

[Requested Effective Date (Optional-Not to exceed [45} calendar days from date application is signed.)) Bracketed to allow for inclusion or exclusion of entire provision. Numbers that are bracketed are variable. We would like to allow for a range of **30-90 calendar** days. Will be varied only within the confines of the law.

Page 3 AUTHORIZATION FOR AUTOMATIC PAYMENT BY BANK DRAFT section

[Attach Voided Check] Bracketed for inclusion; or exclusion for on line Direct to Consumer distribution channel.

[Bank Name and Address] Bracketed for inclusion; exclusion or administrative change.

Statement 1.

1. Each bank draft shall constitute proper notice of premium due. The initial payment will either be drafted on the day the policy is issued, the election date selected or the future effective date selected. Recurring payments will be drafted every payment period based on the payment mode chosen and will occur on the day [selected above, or if no day selected, the day] that corresponds to the effective date of the policy. [selected above, or if no day selected, the day] Bracketed for inclusion; exclusion

Statement 6.

6. Kanawha will only modify payment amounts or premiums if the policyholder initiates and Kanawha approves a change in coverage or payment mode. Kanawha will notify me within [THIRTY (30)] days that the change in payment amounts or premiums has occurred.

Numbers that are bracketed are variable. We would like to allow for a range of **Ten (10) through Ninety (90) days**. Will be varied only within the confines of the law.

Page 4-CREDIT/DEBIT CARD INFORMATION section

[Charge my credit/debit card on the XX day of the month (1-28 only; 29, 30, 31 not available). **If no election is made, recurring charges will occur every payment period on the day that corresponds to the effective date of the policy.**]

1. Each charge shall constitute proper notice of premium due. [If a future effective date is not selected then the initial payment will be charged on the day the policy is issued. If a future effective date is selected then the initial payment will be charged on the effective date of the policy.] [The initial payment will either be charged on the day the policy is issued, the election date selected or the future effective date selected.] Recurring payments will be charged every payment period based on the payment mode chosen and will occur on the day [selected above or, if no day is selected, the day] that corresponds to the effective date of the policy.

Explanation of above bracketing:

[If a future effective date is not selected then the initial payment will be charged on the day the policy is issued. If a future effective date is selected then the initial payment will be charged on the effective date of the policy.] Included if b. below.

[The initial payment will either be charged on the day the policy is issued, the election date selected or the future effective date selected.]
Included if a. below.

Provisions above bracketed for inclusion or exclusion.

- a. **If included** we will use with bracketed information in 1. above which reads:
The initial payment will either be charged on the day the policy is issued, the election date selected or the future effective date selected.
- b. **If excluded** we will use with bracketed information in 1. above which reads:

[If a future effective date is not selected then the initial payment will be charged on the day the policy is issued. If a future effective date is selected then the initial payment will be charged on the effective date of the policy.]

[selected above or, if no day is selected, the day] is bracketed for inclusion or exclusion.

Excluded if provision above which reads, "Charge my credit/debit card on the XX day of the month (1-28 only; 29, 30, 31 not available).etc" is not included.

Statement 6.

6. Kanawha will only modify payment amounts or premiums if the policyholder initiates and Kanawha approves a change in coverage or payment mode. Kanawha will notify me within [THIRTY (30)] days that the change in payment amounts or premiums has occurred.

[THIRTY (30)] Numbers that are bracketed are variable. We would like to allow for a range of **Ten (10) through Ninety (90) calendar days**. Will be varied only within the confines of the law.

Page 4-AGREEMENT

I have read [or had read to me] all questions on this Application and I represent the answers and any information provided are correct and complete to the best of my knowledge and belief. I also realize that any false statements and or misrepresentation may result in loss of coverage under the policy subject to the incontestability provisions of the policy.

[or had read to me] is bracketed for inclusion or exclusion.

(b) [No Insurance Producer has the authority to waive the answer to any question in this Application, to waive any of the Company's rights or requirements or to make or alter any contract; and
(c)]

Bracketed to allow for inclusion; or exclusion . May be excluded in an on line Direct to Consumer distribution channel.

Page 5 INSURANCE PRODUCER'S USE ONLY section

INSURANCE PRODUCER'S USE ONLY- Entire section bracketed to allow for inclusion; or exclusion. May be excluded in an on line Direct to Consumer distribution channel.

[Printed Name of Licensed Insurance Producer _____] is bracketed for inclusion or exclusion.